

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/580,134
				Int'l Filing Date	November 19, 2004
				First Named Inventor	ERION, Mark D.
				Art Unit	To Be Assigned
				Examiner Name	To Be Assigned
Sheet	1	of	27	Attorney Docket Number	2358.0080002/RWE/RAS

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Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	Date Considered
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STATEMENT BY APPLICANT**

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Sheet	3	of	27	Attorney Docket Number	2358.0080002/RWE/RAS

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173.	WO 05/123729 A1	12/29/2005	Metabasis Therapeutics, Inc.; Martin
174.	WO 06/128055 A2	11/30/2006	Metabasis Therapeutics, Inc.; Erion <i>et al.</i>
175.	WO 06/128056 A2	11/30/2006	Metabasis Therapeutics, Inc.; Erion <i>et al.</i>
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178.	EP 1 666 035 A1	06/07/2006	Chugai Seikaku Kabushiki Kaisha
179.	EP 1 471 049 A1	10/27/2004	Kissei Pharma. Co., Ltd.

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	180.	EP 1 297 833 A1	04/02/2003	Pfizer Products Inc.	
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NON PATENT LITERATURE DOCUMENTS				
Examine r Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume issue number(s), publisher, city and/or country where published	T ²	
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